CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH Instruction C	Gulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 15
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST Mr. Bobby W. Lindamood, Jr. NICKNAME LAST	MI	OFFICE USE ONLY APR 02 2019
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS / PO BOX; APT / SUITE #; CO 5508 Janet Ln. Colleyville, TX 76034 AREA CODE PHONE NUMBER	CITY; STATE; ZIP CODE	CITY SECRETARY'S OFFICE
5 CANDIDATE/ OFFICEHOLDER PHONE	(214) 232-8147	EATENSION	Date Hand-delivered or Date Postmarked
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Mrs. Christina Tatum NICKNAME LAST	MI 	Receipt # Amount \$ Date Processed Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SU 4100 Allendale St. Colleyville, TX 76034	JITE #; CITY; STATE;	ZIP CODE
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (214) 801-9933	EXTENSION	
9 REPORT TYPE	July 15 X 30th day before elec		15th day after campaign treasurer appointment (Officeholder Only) Final Report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year 01 / 16 / 2019	Month THROUGH 04	Day Year 04 2019
11 ELECTION	ELECTION DATE Month Day Year Primary 05 / 04 / 2019 X General	ELECTION TYPE Runoff Other Description Special	
12 OFFICE	OFFICE HELD (if any) Colleyville City Council, Precinct 2	13 OFFICE SOUGHT (if known)	
	GO ТО I	PAGE 2	

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 2

14 C/OH NAME			15 Filer ID (Ethics Commission Filers)
Bobby Lindamood,	Jr.		15
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR M	OTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDI- DIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE W. INSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT TH URES.	TURES MADE BY POLITICAL COMMITTEES TO VITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S
	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL		
	SPECIFIC	COMMITTEE ADDRESS	
		COMMITTEE CAMPAIGN TREASURER NAME	
Additional Pages			
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
17 CONTRIBUTION TOTALS	1. TOTAL F PLEDGE	OLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THA S, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZ	AN \$
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 13,970.00
EXPENDITURE TOTALS		OLITICAL EXPENDITURES OF \$100 OR LESS, ITEMIZED	\$
	4. TOTAL	POLITICAL EXPENDITURES	\$ 3,045.27
CONTRIBUTION BALANCE		OLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DRTING PERIOD	DAY \$
OUTSTANDING LOAN TOTALS		RINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF T Y OF THE REPORTING PERIOD	* 17,058.50
18 AFFIDAVIT	·		
My My	CHRISTINE LOVEN Notary ID # 11092587 Expires May 2, 2022		erjury, that the accompanying report is rmation required to be reported by me
A. S.		Signature of Cand	lidete or Officeholder
AFFIX NOTARY STAME	/SEALABOVE	70	
Sworn to and subscri	bed before me, b	the said Bobby Lindamood	, this the 2ND
day of April	, 20_19, to	certify which, witness my hand and seal of office.	
Christine	Loven	Christine Loven	Notary
Signature of officer ac	lministering oath	Printed name of officer administering oath	Title of officer administering oath

SUBTOTALS - C/OH

FORM C/OH

	COVER S	SHEET PG 3
19	FILER NAME Bobby Lindamood, Jr. 20 Filer ID (Ethics Con	mmission Filers)
21	SCHEDULE SUBTOTALS NAME OF SCHEDULE	SUBTOTAL AMOUNT
1.	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 13,970.00
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$ 3,045.27
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

SCHEDULE A1

The	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME Bobby Linda			3 Filer ID (Ethics Commission Filers)
3/5/19	5 Full name of contributor ut-of-state PAC Scott Frechette 6 Contributor address; City; State	c (iD#:)	7 Amount of contribution (\$) \$250
8 Principal occu Sales Engine	upation / Job title (See Instructions)	9 Employer (See Instruct Ingersoil Rand	tions)
Date 3/5/19	Full name of contributor		Amount of contribution (\$) \$1000
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 3/5/19	Full name of contributor	c (ID#:)	Amount of contribution (\$) \$1000
Principal occup	Dation / Job title (See Instructions)	Employer (See Instructi Self Employed	ions)
Date 3/8/19	Sherrie Hart	; Zip Code	Amount of contribution (\$) \$100
Principal occup Retired	pation / Job title (See Instructions)	Employer (See Instructi Retired	ions)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

SCHEDULE A1

Т	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 10
FILER NAM			3 Filer ID (Ethics Commission Filers)
Bobby Line	amood, Jr.		
Date 3/8/19	5 Full name of contributor out-of-state PAC Shane Nolan	(ID#:)	7 Amount of contribution (\$) \$50
	6 Contributor address; City; State; 8924 Ashcraft Dr., NRH TX 76182	Zip Code	
Principal oc	supation / Job title (See Instructions)	9 Employer (See Instructi	ons)
Self Emplo	red	Self Employed Law F	irm
Date 3/8/19	Full name of contributor	(ID#:)	Amount of contribution (\$)
·	Contributor address; City; State; 5409 Rustic Trl., Colleyville, TX 76034	Zip Code	4 000
Principal occu	pation / Job title (See Instructions)	Employer (See Justice)	
Owner/Opera		Employer (See Instruction Overhead Door Fort World	•
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/8/19	Shelia Collinsworth		\$555
	Contributor address; City; State; 5201 Springlake Pkwy, #1224, Haltom City, TX	•	4000
Principal occi Personal As	pation / Job title (See Instructions)	Employer (See Instruction Self Employed	ons)
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
3/8/19	Barbara Shea		\$100
	Contributor address; City; State; 6108 Brazos Ct., Colleyville, TX 76034	Zip Code	
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruction Retired	ons)
			1100 100 100 - 0 - 0 - 0 - 0 - 0 - 0 - 0
	<u>'</u>		

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SCHEDULE A1

Th	e Instruction Guide explains how to complete this	form.	1 Total pages Schedule A1: 10
2 FILER NAM Bobby Lind		T. C.	3 Filer ID (Ethics Commission Filers)
4 Date 3/9/19	5 Full name of contributor ut-of-state PAC (Rachel Donnell 6 Contributor address; City; State; 5712 Sycamore Dr., Colleyville, TX 76034	(ID#:) Zip Code	7 Amount of contribution (\$) \$25
8 Principal occ		9 Employer (See Instruct	lions)
Date 3/11/19	Full name of contributor	(ID#:) Zip Code	Amount of contribution (\$) \$500
Principal occu	upation / Job title (See Instructions)	Employer (See Instructi	ions)
Retired Date 3/11/19	Full name of contributor	(ID#:) Zip Code	Amount of contribution (\$) \$250
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Date 3/11/19	Full name of contributor out-of-state PAC (II Jeff Germany Contributor address; City; State; 2009 Thames Trl., Colleyville, TX 76034	(ID#:) Zip Code	Amount of contribution (\$)
·	pation / Job title (See Instructions)	Employer (See Instructi	ions)
President		Park Lane Properties	

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SCHEDULE A1

3/16/19 Steve Waltens 6 Contributor address; 716 Duns Tew Path B Principal occupation / Job title (See Instru- Date Full name of contributor address; 4720 Bill Simmons, Contributor address; 4720 Bill Simmons, Contributor address; 4720 Bill Simmons, Contributor address; 6310 S. State Highway Principal occupation / Job title (See Instru- Contributor address; 6310 S. State Highway Principal occupation / Job title (See Instru- Date Full name of contributor address; 6310 S. State Highway Principal occupation / Job title (See Instru-	dress; City; v Path, Colleyville, TX 76 e Instructions) ntributor	general state PAC (ID#:
3/16/19 Steve Waltens 6 Contributor address; 716 Duns Tew Path 8 Principal occupation / Job title (See Instru- Date Full name of contributor address; 4720 Bill Simmons, Contributor address; 4720 Bill Simmons, Contributor address; 4720 Bill Simmons, Contributor address; 6310 S. State Highway Principal occupation / Job title (See Instru- Contributor address; 6310 S. State Highway Principal occupation / Job title (See Instru- Date Full name of contributor	dress; City; v Path, Colleyville, TX 76 e Instructions) ntributor	\$100 State; Zip Code 6034 9 Employer (See Instructions) Amount of contribution (\$) \$250 State; Zip Code 34 Employer (See Instructions) Retired Amount of contribution (\$) \$50
B Principal occupation / Job title (See Instruments) Date Full name of contribute 3/18/9 Ginger Penny Contributor address; 4720 Bill Simmons, Contributor address; 4720 Bill Simmons, Contributor address; 4720 Bill Simmons, Contributor address; 6310 S. State Highway Principal occupation / Job title (See Instruments)	dress; City; v Path, Colleyville, TX 76 e Instructions) cress; City; ons, Colleyville, TX 76034 Instructions) cress; City; ons, Colleyville, TX 76034 Instructions)	9 Employer (See Instructions) State PAC (ID#:
Date 3/18/9 Ginger Penny Contributor address; 4720 Bill Simmons, C Principal occupation / Job title (See Instru Retired Date Full name of contributor Jordan Freeman Contributor address; 6310 S. State Highwa Principal occupation / Job title (See Instru Date Full name of contributor	ntributor	State PAC (ID#:) State; Zip Code State; Zip Code Employer (See Instructions) Retired Amount of contribution (\$) \$50
3/18/9 Ginger Penny Contributor address; 4720 Bill Simmons, Contributor address; 4720 Bill Simmons, Contributor address; Betired Date Full name of contributor address; 6310 S. State Highway Principal occupation / Job title (See Instru	Iress; City; ons, Colleyville, TX 76034 Instructions) out-of-steen ress; City; lighway 360, #1832, Grar	\$250 State; Zip Code 34 Employer (See Instructions) Retired Amount of contribution (\$) \$50 State; Zip Code
Principal occupation / Job title (See Instru Retired Date Full name of contribute 3/20/19 Jordan Freeman Contributor address; 6310 S. State Highwa Principal occupation / Job title (See Instru Date Full name of contribute	Instructions) Instructions out-of-stant	State; Zip Code 34 Employer (See Instructions) Retired Amount of contribution (\$) \$50 State; Zip Code
Date Pull name of contribute Jordan Freeman Contributor address; 6310 S. State Highwa Principal occupation / Job title (See Instru	ntributor □ out-of-sta n ress; City; fighway 360, #1832, Grar	Retired Amount of contribution (\$) \$50 State; Zip Code
Date Full name of contribute 3/20/19 Jordan Freeman Contributor address; 6310 S. State Highwa Principal occupation / Job title (See Instru Date Full name of contributo	n ress; City; fighway 360, #1832, Grar	Amount of contribution (\$) \$50 State; Zip Code
3/20/19 Jordan Freeman Contributor address; 6310 S. State Highwa Principal occupation / Job title (See Instru Date Full name of contributor	n ress; City; fighway 360, #1832, Grar	\$50 State; Zip Code
Contributor address; 6310 S. State Highwa Principal occupation / Job title (See Instru Date Full name of contributo	ress; City; fighway 360, #1832, Grar	State; Zip Code
Date Full name of contributo	Instructions)	
		Employer (See Instructions)
3/23/19 Wayne Via	ntributor 🔲 out-of-sta	tate PAC (ID#:) Amount of contribution (\$) \$100.
Contributor address; 2305 Woodmoor Ln.,	ress; City; or Ln., Colleyville, TX 760	State; Zip Code
Principal occupation / Job title (See Instru- Management	Instructions)	Employer (See Instructions) Frontier

SCHEDULE A1

Th	e Instruction Guide explains how to complete this	s form.	1 Total pages Schedule A1:
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Bobby Lind	amood, Jr.		
4 Date 3/8/19	5 Full name of contributor	C (ID#:)	7 Amount of contribution (\$) \$500
	6 Contributor address; City; State 7113 Cedar Ct., Colleyville, TX 76034	a; Zip Code	
8 Principal occ Owner	upation / Job title (See Instructions)	9 Employer (See Instruc Self Employed	tions)
Date	Full name of contributor	C (ID#:)	Amount of contribution (\$)
3/5/19	Teri Coburn		\$250
	Contributor address; City; State	e; Zip Code	
	25 Chandelle Dr., Irving, TX 75060	s, Zip Code	
	25 Orialisano 27., il villeg, 17. 1888		
Principal occu Trustee	pation / Job title (See Instructions)	Employer (See Instruct Self Employed	ions)
Date 3/10/19	Full name of contributor	(iD#:)	Amount of contribution (\$) \$5000
	Contributor address; City; State 6401 Westcoat Dr., Colleylle, TX 76034	; Zip Code	
Principal occu Retired	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Date 3/21/19	Full name of contributor	(ID#:)	Amount of contribution (\$) \$100
	Contributor address; City; State 5702 Ponderosa St., Colleyville, TX 76034		
Principal occup	pation / Job title (See Instructions)	Employer (See Instructi	ions)
Pilot	,	AA	
	ATTACH ADDITIONAL COPIES OF		

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MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 10 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bobby Lindamood, Jr. 4 Date 5 Full name of contributor 7 Amount of contribution (\$) ut-of-state PAC (ID#:_ 3/16/19 Kathy Wheat \$200 6 Contributor address; City; State; Zip Code 206 Colden Ct., Colleyville, TX 76034 8 Principal occupation / Job title (See Instructions) 9 Employer (See Instructions) Self Employed Full name of contributor Date ut-of-state PAC (ID#:_ Amount of contribution (\$) 3/19/19 Anthony Horton \$500 Contributor address; City; State; Zip Code 2612 Independence Rd., Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Full name of contributor ut-of-state PAC (ID#:_ Amount of contribution (\$) 3/20/19 George Dodson \$500 Contributor address; City; State; Zip Code 7309 Balmoral Dr., Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Retired Date Full name of contributor out-of-state PAC (ID#: Amount of contribution (\$) 3/20/19 Kevin Elder \$500 Contributor address; City; State; Zip Code 3600 Cambridge Ct., Colleyville, TX 76034 Principal occupation / Job title (See Instructions) Employer (See Instructions) Global Managing Director IBM

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

Th	e Instruction Guide explains how to complete this fo	orm. 1 Total pages Schedule A1:
FILER NAMI		3 Filer ID (Ethics Commission Filers)
Date 3/19/19	5 Full name of contributor uut-of-state PAC (III Carole Elmore 6 Contributor address; City; State; 805ontreux Ave., Colleyville, TX 76034	#:
Principal occ	upation / Job title (See Instructions)	Employer (See Instructions)
Date 3/24/19	Full name of contributor	#:
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Date 3/24/19	Full name of contributor	\$15 Zip Code
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)
Date 3/25/19	Full name of contributor	\$50
Principal occu	pation / Job title (See Instructions)	Employer (See Instructions)

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SCHEDULE A1

			4 Tables of Octobries Adv
The	Instruction Guide explains how to complete this	form.	Total pages Schedule A1: 10
2 FILER NAME			3 Filer ID (Ethics Commission Filers)
Bobby Linda		NAME AND ADDRESS OF THE ADDRESS OF T	
4 Date	_	(ID#:)	7 Amount of contribution (\$)
3/24/19	Randal Graves		\$50.00
	6 Contributor address; City; State; 516 Shelton Dr., Colleyville, TX 76034	; Zip Code	
8 Principal occu	pation / Job title (See Instructions)	9 Employer (See Instructi	ions)
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/24/19	Daniel Mathisen		\$100
	Contributor address; City; State; 317 Chestnut Bend, Colleyville, TX 76034	; Zip Code	• • •
Principal occur	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Solutions Exe	cutive	Cisco Systems	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/21/19	Stephanie Tedder		\$100
	Contributor address; City; State; 7907 Jefferson Cir., Colleyville, TX 76034	Zip Code	
	pation / Job title (See Instructions)	Employer (See Instruction	ons)
Territory Mgr.		Novocure, Inc.	
Date	Full name of contributor	(ID#:)	Amount of contribution (\$)
3/24/19	Bobby King		\$150
!	Contributor address; City; State;	Zip Code	ψ.
l	6604 Carriage Dr., Colleyville, TX 76034		
Principal occur	ation / Job title (See Instructions)	Employer (See Instruction	ons
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If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

SCHEDULE A1

	The Instruction Guide explains how to complete this	form.	Total pages Schedule A1:
FILER NA		3	Filer ID (Ethics Commission Filers
Bobby Li	ndamood, Jr.		
Date	5 Full name of contributor ut-of-state PAC	(ID#:) 7	Amount of contribution (\$)
2/25/19	Sam Van Bever		\$500
	6 Contributor address; City; State;	Zip Code	
Principal o	ccupation / Job title (See Instructions)	9 Employer (See Instruction	s)
Director o	f Internal Audit	Nexstar Media	
Date	Full name of contributor	(ID#:)	
3/1/19	Susan Mathisen		Amount of contribution (\$)
3/1/19			\$100
	Contributor address; City; State; 600 Colleyville Terrace, Colleyville, TX 76034	Zip Code	
	600 Coneyvine Ferrace, Coneyvine, 1X 76034		
Principal od	cupation / Job title (See Instructions)	Employer (See Instructions	s)
Self Emplo	yed	Mathisen Tax	
Date	Full name of contributor	ID#:)	Amount of contribution (\$)
3/26/19	Bob Bardo		\$25
	Contributor address; City; State; 203 Virginia Square, Colleyville, TX 76034	Zip Code	
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	\$)
Date 3/30/19	Full name of contributor	ID#:)	Amount of contribution (\$)
	Contributor address; City; State; 513 Beverly Dr., Colleyville, TX 76034	Zip Code	\$100
Principal oc	cupation / Job title (See Instructions)	Employer (See Instructions	5)

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SCHEDULE A1

.	e Instruction Guide explains how to complete this fo	orm.	1 Total pages Schedule A1: 10
FILER NAMI Bobby Lind	amood, Jr.		3 Filer ID (Ethics Commission Filers)
3/30/19	T	D#:)	7 Amount of contribution (\$) \$200
Principal occ	upation / Job title (See Instructions) ed	Employer (See Instruc	tions)
Date)#:)	Amount of contribution (\$)
	Contributor address; City; State;	Zip Code	
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	tions)
Date	Full name of contributor)#:)	Amount of contribution (\$)
	Contributor address; City: State:	Zip Code	
	Contributor address; City; State;		
Principal occu	pation / Job title (See Instructions)	Employer (See Instruct	ions)
Principal occu	pation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID:		Amount of contribution (\$)
	pation / Job title (See Instructions) Full name of contributor uit-of-state PAC (ID:	Employer (See Instruct	
Date	pation / Job title (See Instructions) Full name of contributor	Employer (See Instruct	Amount of contribution (\$)
Date	Pation / Job title (See Instructions) Full name of contributor	#:) Zip Code	Amount of contribution (\$)
Date	Pation / Job title (See Instructions) Full name of contributor	#:) Zip Code	Amount of contribution (\$)

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POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense Accounting/Banking Consulting Expense
Contributions/Donations Made By Candidate/Officeholder/Political Committee Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel Out Of District

Travel In District Salaries/Wages/Contract Labor Other (enter a category not listed above) The Instruction Guide explains how to complete this form. 1 Total pages Schedule F1: 2 FILER NAME 3 Filer ID (Ethics Commission Filers) Bobby Lindamood, Jr. 4 Date 5 Payee name 2/28/19 Impress Designs, Inc. 6 Amount (\$) 7 Payee address; City; State; Zip Code 1404 W. Main St., Carrollton, TX 75006 \$786.39 8 (a) Category (See Categories listed at the top of this schedule) (b) Description Check if travel outside of Texas. Complete Schedule T. **PURPOSE** T-Shirts for campaign walkers/workers OF Check if Austin, TX, officeholder living expense **EXPENDITURE** 9 Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Date Payee name JTD Strategies, LLC 3/8/19 Amount (\$) Payee address; City; State; Zip Code 2028 E. Ben White Blvd., #240-1773, Austin, TX 78741 \$1166 Category (See Categories listed at the top of this schedule) Description PURPOSE Check if travel outside of Texas. Complete Schedule T. Consulting Fees OF Check if Austin, TX, officeholder living expense **EXPENDITURE** Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Payee name Date 3/14/19 **Designer Graphics** Amount (\$) Payee address; City; State; Zip Code 12404 Hwy. 155 South, Tyler, TX 75703 \$1011.46 Category (See Categories listed at the top of this schedule) Description **PURPOSE** Check if travel outside of Texas. Complete Schedule T. **Political Signs** Check if Austin, TX, officeholder living expense EXPENDITURE Candidate / Officeholder name Complete ONLY if direct Office sought Office held expenditure to benefit C/OH ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed shows)

Candidate/Officeholder/Politica Credit Card Payment		s/Wages/Contract Labor Other (enter a category not listed above)
	The Instruction Guide explains how to	complete this form.
1 Total pages Schedule F1:	2 FILER NAME Bobby Lindamood, Jr.	3 Filer ID (Ethics Commission Filers)
4 Date 3/30/19	5 Payee name Walmart Neighborhood Market	
6 Amount (\$) \$81.42	7 Payee address; City; State; Zip Code 4904 Colleyville Blvd, Colleyville, TX 76034	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Food/Beverage Expenses for campaign walkers canvassing neighborhoods handing out information on candidates.	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
Date	Payee name	
Amount (\$)	Payee address; City; State; Zip Code	,
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule)	Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate / Officeholder name	Office sought Office held
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED		